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(Requestor's Name)

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(City/State/Zip/Phone #)

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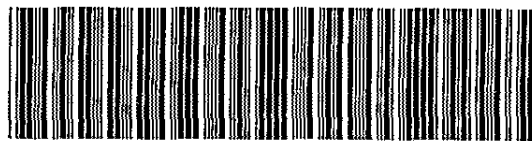
(Business Entity Name)

(Document Number)

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TRANSMITTAL LETTER

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

SUBJECT: PETERSON ASSISTED LIVING FACILITY INC

(Proposed corporate name)

Enclosed is an original and one (1) copy of the articles of incorporation and a check for
\$ 75.00

FROM:

PETERSON ASSISTED LIVING FACILITY INC

Name (printed or typed)

P O BOX 12100

Address

JACKSONVILLE FLA 32209

City, State, & Zip

904-356-3022

Telephone Number

Note: Please provide the original and one copy of the articles.



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

October 3, 2003

PETERSON ASSISTED LIVING FACILITY INC
P.O. BOX 12100
JACKSONVILLE, FL 32209

SUBJECT: PETERSON ASSISTED LIVING FACILITY INC
Ref. Number: W03000028565

We have received your document for PETERSON ASSISTED LIVING FACILITY INC and your check(s) totaling \$75.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent and street address must be consistent wherever it appears in your document.

The registered agent must have a Florida street address. A post office box, personal mail box (PMB), or mail drop-box address is not acceptable.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6884.

Shawn Logan
Document Specialist
New Filings Section

Letter Number: 603A00054447

ARTICLES OF INCORPORATION

OF

PETERSON ASSISTED LIVING FACILITY INC

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

PETERSON ASSISTED LIVING FACILITY INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

1622 SILVER ST

~~P O Box 12100~~

JACKSONVILLE FLA. 32206

32206

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100 shares

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Mary Peterson

~~P O Box 12100~~

1622 SILVER ST

JACKSONVILLE FLA 32209

32206

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ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

MARY PETERSON

~~P O Box 12100~~ 1622 SILVER ST.

JACKSONVILLE FLA ~~32209~~ 32206

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

23 day of July, 192003.

Mary E Peterson

Signature

Lauren Jackson

Signature

David Peterson

Signature

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: PETERSON ASSISTED LIVING FACILITY INC

2. The name and address of the registered agent and office is:

MARY PETERSON

(Name)

1622 SILVER STREET.

(P.O. Box not acceptable)

JACKSONVILLE FLA 32206

(City/State/Zip)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Mary E. Peterson
(Signature)